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SERIAL NUMBER 11/255,492	FILING OR 371(c) DATE 10/21/2005 RULE	CLASS 602	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. ARG 0027 CIP
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APPLICANTS

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** CONTINUING DATA ***** *of ref*

This application is a CIP of 10/421,370 04/23/2003 which is a CIP of 09/531,245 03/21/2000 PAT 6,861,570
 and is a CON of PCT/US98/19689 09/22/1998
 This application 11/255,492
 is a CIP of 08/707,779 09/03/1996 PAT 7,005,556
 which is a CIP of 08/524,134 09/05/1995 ABN
 and is a CIP of 08/623,046 03/28/1996 PAT 5,814,094
 This application 11/255,492
 is a CIP of 10/660,209 09/11/2003
 which is a CON of 09/531,245 03/21/2000 PAT 6,861,570
 This application 11/255,492
 is a CIP of 09/613,961 07/11/2000
 which is a CIP of 08/935,026 09/22/1997 PAT 6,087,549

** FOREIGN APPLICATIONS ***** *NONE ref*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/15/2005

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 15	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 2 <i>1 ref</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

23579

TITLE

Medical device

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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